

Establishment: \_\_\_\_\_ Date of Suspect Meal: \_\_\_\_\_  
Phone number: \_\_\_\_\_

## Master List of Food Employees/Duties

**Include: Servers, Dishwashers, Food Preparation Workers, Bartenders, Kitchen Supervisors, Kitchen Managers, and all persons who are associated with food service or have access to the kitchen.**

Include all who worked or were out sick between \_\_\_\_\_ and the present.

Manager in charge of the facility on the date of the event/suspect meal: \_\_\_\_\_

Person in charge of the kitchen in the date of event/suspect meal: \_\_\_\_\_

Who is/are the Certified Food Protection Manager(s)? \_\_\_\_\_

Name/Phone Number	Foods Prepared/Duties for Suspect Meal	Days/Shifts Worked/Illness*

\_\_\_\_\_  
\* Indicate days/shifts worked the week prior to and the day of the suspect meal. Also note if an employee has been out sick in the two weeks before or two weeks after the suspect meal.

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